

JUVENILE

COMPLAINANT SSN		1 INCIDENT <input checked="" type="checkbox"/> OFFENSE <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/>		CASE # 051000025		3 BFL	
1 NAME		5 DATE AND TIME OF THIS REPORT		11 AGENCY NAME		17 IF SUPPLEMENT ORIGINAL OFFENSE DATE	
04600000		10107105		958 MACON COUNTY SHERIFF DEPARTMENT		M O Y	
8 REPORTED BY		9 ADDRESS (STREET, CITY, STATE, ZIP)		10 ADDRESS (STREET, CITY, STATE, ZIP)		16 PHONE	
Macon County Sheriff Department		046 (CR) 10107105, AL 36002		1		33417872500	
12 VICTIM (LAST, FIRST, MIDDLE NAME)		13 ADDRESS (STREET, CITY, STATE, ZIP)		14 ADDRESS (STREET, CITY, STATE, ZIP)		16 PHONE	
1		1		1		1	
18 EMPLOYER/SCHOOL		19 OCCUPATION		20 ADDRESS (STREET, CITY, STATE, ZIP)		21 PHONE	
1		1		1		1	
22 TYPE INCIDENT OR OFFENSE		23 INJURY		24 RACE		25 SEX	
Disorderly Conduct		Y		W		M	
26 TYPE INCIDENT OR OFFENSE		27 INJURY		28 RACE		29 SEX	
Carrying a Concealed Weapon		Y		W		M	
30 PLACE OF OCCURRENCE		31 METHOD OF ENTRY		32 LIGHTING		33 WEATHER	
Booker T Washington High School (Parking Lot REAR)		1		1		1	
34 POINT OF ENTRY		35 METHOD OF ENTRY		36 LIGHTING		37 WEATHER	
1		1		1		1	
38 OCCURRED ON OR BETWEEN		39 TIME		40 AM		41 PM	
10107105		9:40		1		1	
42 VERIFY FOR		43 TREAT FOR		44 CIRCUMSTANCES		45 CODE	
Y		Y		1		1	
46 RAPE EXAM		47 RAPE INJURY		48 LOCATION: RAPE		49 WEAPON USED	
N		N		1		1	
50 WEAPON USED		51 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE		52 HANDGUN		53 RIFLE	
1		38		1		1	
54 QUANTITY		55 STOLEN, RECOVERED, LOST, FOUND OR DESTROYED (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL NUMBER, COLOR, ETC.)		56 DOLLAR VALUE		57 RECOVERED	
1		38 Nickel Plated Type handgun No serial number		1		10-07-05	
58 MOTOR VEHICLE		59 CURRENCY, NOTES		60 JEWELRY		61 CLOTHING/FURS	
S		S		S		S	
62 FIREARMS		63 OFFICE EQUIPMENT		64 ELECTRONICS		65 HOUSEHOLD	
S		S		S		S	
66 CONSUMABLE GOODS		67 LIVESTOCK		68 MISCELLANEOUS		69 CHECK CATEGORIES	
S		S		S		1	
70 TAG COLOR		71 VIN		72 TAG RECEIPT		73 BILL OF SALE	
1		1		1		1	
74 WARRANT SIGNED		75 AUTO INSURER NAME (COMPANY)		76 ADDRESS (STREET, CITY, STATE, ZIP)		77 PHONE	
1		1		1		1	

PLAINTIFFS EXHIBIT 2

TYPE OR PRINT IN BLACK INK

ACJIC-32 REV 8-96

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